


2007 FOR PROFIT CORPORATION ANNUAL REPORT


FILED
Jan 29, 2007 08:00 AM
Secretary of State

DOCUMENT # S87670
 1. Entity Name
RUBEN ARTILES REAL ESTATE PROPERTIES, INC.



Principal Place of Business 9800 NW SO. RIVER DRIVE MEDLEY, FL 33166 US	Mailing Address 9800 NW SO. RIVER DRIVE MEDLEY, FL 33166 US
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DO NOT WRITE IN THIS SPACE



01182007 No Chg-P CR2E034 (11/05)

4. FEI Number 65-0317707	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**ARTILES, RUBEN
 8130 N.W. 74TH ST.
 MEDUEY, FL 33166**

DO NOT WRITE IN THIS SPACE

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	D ARTILES, RUBEN 8130 NW 74TH STREET MIAMI, FL
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 02/02/07-80021-019 158.75

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 687, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address with all other persons empowered.

SIGNATURE:  **01-23-07**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #